

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF SMALL AND LOCAL BUSINESS DEVELOPMENT

STREET VENDOR LSDBE CERTIFICATION APPLICATION

On behalf of the business identified below, the undersigned understands and/or agrees to the following:

- A. This certification application is being submitted pursuant to the Small, Local, and Disadvantaged Business Enterprise Development and Assistance Act of 2005 (the "Act"), effective October 20, 2005 (D.C. Law 16-33; 52 DCR 7503); [the Department of Consumer and Regulatory Affairs Vending Licensing Moratorium Amendment Act of 2005](#) (the "Act"), effective January 4, 2006, Section 2, § 47-2834 of the District of Columbia Official Code as amended and applicable regulations;
- B. All supporting documents, if not submitted with this application, will be provided directly to the Small and Local Business Opportunity Commission (SLBOC) [for consideration](#). Failure to submit any required documentation could result in the denial of this application;
- C. The [Vending applicant](#) will cooperate with the SLBOC during the certification process and, if required by the SLBOC, will allow [Public Space/Vending site](#) inspections, access to records ([if required](#)), and/or discussions with representatives of the [Vending](#) business in order to assist the applicant in fulfilling the application requirements;
- D. Any change in information submitted with this application that would affect the eligibility of the business for certification will be timely reported to the LSBOC; and
- E. The District of Columbia's Office of the Attorney General may bring civil action in the Superior Court of the District of Columbia against a [Licensed Vendor](#), Officers, or principals thereof, that are reasonably believed to have obtained certification by fraud or deceit or to have willfully furnished substantially inaccurate or incomplete information to the SLBOC. [A Licensed Vendor](#) or individual found guilty in such a proceeding shall be subject to a civil penalty of not more than **\$100,000**.

1. [Vending](#) Business Name _____
Email _____ Tel. (____) _____ Fax (____) _____

2 [Vending](#) Business Address _____
City _____ State _____ Zip _____ Ward # _____

3. **Vending** Business Mailing Address _____
City _____ State _____ Zip _____ Ward # _____

4. Principal Contact Person _____ Title _____ Tel (____) _____

5. List Business Structure (choose one):

____ Corporation ____ Limited Liability Company ____ Partnership ____ Sole Proprietorship

6. Date Vending Business Established _____ If corporation, location of incorporation _____

7. List the following business information (please contact listed reference phone numbers for assistance):

Dunn & Bradstreet No.: 800-333-0505 (Optional)	No.:
Local Unemployment Compensation No.: 202-724-7566 (if applicable)	No.:
Federal Employer ID: 800-829-1040 (FEIN)	No.:

8. Describe the business' product line; for example: **Concessions, catering, vending, mobile and stationary**:

961-15-00 Concessions, Catering, Vending: Mobile and Stationary

9. List vending business equipment, including, vehicles, Carts (specify where equipment are stored in the District)

a. Equipment & Vehicles Owned &/or Leased	Storage Location of Equipment & Vehicles	Name & Address of Equipment Leasing Company

10. List all employees (including District residents):

Name	Title	Business Address	Home Address

11. Identify all original and current owners/stockholders of the business (if applicable):

List Total Corporate Shares Authorized (if applicable) _____

Name of Owners/Stockholders Home Address, Telephone Number	US Citizen or LPR*	District Ward Number	Number of Shares	Percentage of Ownership	Initial Capital Injection	Class of Stock Issued

*Lawful Permanent Resident

12. List current members of Board of Directors and Officers of the Corporation (if applicable):

Current Board of Directors/Owners

Name Title	Occupation	Office Address	Home Address	Telephone Number

Officers of Corporation/Key Personnel

Name Title	Date Appointed	Office Address	Telephone Number

13. List **Business** Insurance Information (certification pending submission of proof of insurance):

Name of Insurance Company _____
 Address _____ City _____ State _____ Zip _____
 Contact Person _____ Phone (____) _____ Fax (____) _____
Type of Insurance: _____ **Casualty/Hazards/Property/Liability** Limit \$ _____

14. List Business/**Investment** Banking Information in the **District**:

Name of Primary Business Bank _____
Address of Primary Business Bank _____ **City** _____ **State** _____ **Zip** _____
Contact Person _____ **Phone** (____) _____ **Fax** (____) _____

15. List total amount of taxes paid to DC Government (specify type of taxes paid in the current and latest tax year):

a. Check all that apply:	b. Current, Year-to-Date:	c. Last Fiscal Year 20____:
___ Corporate.....	\$ _____	\$ _____
___ Unemployment.....	\$ _____	\$ _____
___ Personal Property.....	\$ _____	\$ _____
___ Sales.....	\$ _____	\$ _____
___ Real Estate.....	\$ _____	\$ _____
___ Fuel.....	\$ _____	\$ _____
___ Other.....	\$ _____	\$ _____

16. List the LSDBE status you are applying for (please choose all that are applicable and refer to “Supporting Documentation Checklist”):

___ Local Business Enterprise (LBE)

___ Small Business Enterprise (SBE)

___ Resident Owned Business (submit signed copy of most recent D.C. Personal tax returns) (ROB)

17. Submit most recent quarterly and wage contribution report (Form UC-30), if applicable.

18. **Vending license**, professional and/or trade licenses (if applicable – certification pending receipt of official licensing information below):

Business License Type	License Number	License Expiration Date	Authorizing Entity of License

19. List Gross Annual Revenues for Last Three (3) Years (if applicable):

Tax Year _____-Gross Receipt /\$ _____
Tax Year _____-Gross Receipt /\$ _____
Tax Year _____-Gross Receipt /\$ _____

20. Has the **vending** business, or any of its **owners or** officers, been found to have violated any District of Columbia law or regulation that is applicable to the applicant's **vending** business?

Yes _____ or No _____

If yes, explain: _____

20. Has the business, or any of its **owners or** officers, been convicted of a crime that bears directly on the fitness of the applicant, holder, or participant to ethically participate in programs established pursuant to the Act?

Yes _____ or No _____

If yes, explain: _____

21. Complete and have notarized the attached affidavit and submit it, along with all other application documents, to:

District of Columbia Government
Department of Small and Local Business Development
441 4th Street, NW, Suite 970N
Washington, DC 20001
Tel: (202)727-3900

AFFIDAVIT

The undersigned, as a duly authorized representative of _____ (name of company), swears (or affirms) that the statements made as part of the attached certification application and submitted with/without a bid or proposal request are true and correct and include all other information necessary to:

1. Identify and explain the vending operations;
2. Identify the ownership of the **Vending** firm; and, otherwise,
3. Establish the **Vending** firm's eligibility for **Certification** under the Small, Local, and Disadvantaged Business Enterprise Development and Assistance Act of 2005, effective October 20, 2005 (D.C. Law 16-33; 52 DCR 7503).

Signature: _____ Title: _____

Name (please print): _____ Date: _____

District of Columbia (or State/Commonwealth of _____); to wit:

Signed and sworn to (or affirmed) before me on this _____ day of _____, _____, by _____, who is well known to me as the person who executed the foregoing affidavit and who acknowledged the same to be his/her free act and deed.

Notary signature: _____

(Seal):

My commission expires: _____